

## **Committee: Health and Wellbeing Board**

**Date: 28 March 2017**

Wards: All

### **Subject: Wilson Development: progress report**

Lead officer: Andrew Murray, Chair, MCCG / Dagmar Zeuner, Director of Public Health, LBM

Lead member: Cllr Tobin Byers, Cabinet Member for Adult Social Care and Health

Contact officer: Anjan Ghosh, Public Health Consultant

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#### **Recommendations:**

- A. To note/welcome and help share the completed write up of the Community Conversations on the Wilson and the engagement done to date.
- B. To consider the progress, including the strengthened governance and accountability mechanisms.

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#### **1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY**

#### **2 BACKGROUND**

- 2.1. This paper follows on from the report presented at the HWB Seminar on 24th January 2017.

#### **3 DETAILS**

##### **3.1. Terminology**

The terms 'Wilson campus', Wilson 'health and community campus' and 'Wilson health and wellbeing campus' are used interchangeably to describe the whole site. It encompasses two parts: a clinical (health) facility and a community (wellbeing) facility, offering together integrated health and wellbeing services.

##### **3.2. Progress since last report:**

A full write up of the Community Conversations engagement that took place summer and autumn 2016 has now been completed and will be systematically disseminated to different audiences.

This will link closely to the communications programme which will sit under the Community Facility Design work stream and will be a crucial part of the work moving forward- in terms of co-ownership, co-design and co-delivery.

- 3.2.1 The Wilson Programme Board has been convened and has met twice now, on 12<sup>th</sup> January and then on 28<sup>th</sup> February. The key discussion in the second meeting centred on strengthening the governance of the programme (for more details see below section 5). In addition this was the first time that we had OPE representatives around the table who clarified their expectations from the programme. Finally Nicola Theron from CHP updated the board about potential support from the emerging London Estate Board.
- 3.2.2 Initial discussions have taken place to plan and start the fund-raising for the community facility. Careful consideration will be given to the exact nature of the vehicle for social investment/community Investment Company to determine exact requirements and specification. Also to be considered and planned is the recruitment of experienced and skilled trustees to the company.
- 3.2.3 A senior officer level “Health Services Design Workshop” was organised by Merton CCG on 8<sup>th</sup> March 2017, , bringing together key providers (CLCH, SWL and St George’s Mental Health NHS Trust, Epsom and St Helier) with commissioners and decision makers from the CCG as well as LBM, facilitated by Dr Doug Hing, the co-chair of the Wilson Programme Board and East Merton Health and Wellbeing CCG Clinical Director.

The main objectives for the workshop were to:

- (i) agree the healthcare services to be provided on the site, particularly regarding children’s and young people’s services, intermediate and/or social care beds, planned and unplanned care services including mental health and primary care services;
- (ii) discuss opportunities for service integration

The official notes from the workshop are not yet available

The workshop helped move the work forward by:

- Fostering a collective understanding of what clinical services could potentially be in the new site and what the overarching primary care model could be for Wilson Health and Wellbeing Campus (WHWC),
- Identifying the need to clarify details for diagnostics including blood tests and MRI etc.
- Gaining more clarity and agreement on the need for beds located in Merton with the aim to be able repatriate Merton residents placed outside the borough because of lack of local provision. There was also agreement and support for a fluid model of bed based LA and NHS care that allows up and down grading of support depending on

need with the aim to use the least dependent option. There was consensus that the way forward was not to have beds on the actual WHWC but explore option for business case to have approximately 100-120 beds on the Birches Close site as a satellite to the WHWC.

- Integration was discussed at length and there was collective agreement of the importance to align design with commissioning intentions and plans, to ensure that contracts facilitated integration, that the building design enabled cross-pollination of specialities and co-location of services and multi-disciplinary teams, that services were structured on care pathways (all elements including prevention and recovery) and were outcomes based, that the Wellbeing (community) facility was wrapped around these services, and that systems (including information and space management) should enable integration .

3.2.4 There was further clarity on the governance structure that is taking its final shape, now that Andrew McMylor (WW and M CCG director for primary care) is in post and is taking up his role as CCG SRO for the Wilson development. The Wilson programme board (WPB) has been condensed to consist of essential decision makers and strengthened by adding Peter Derrick as co-chair (CCG non exec director with finance expertise) to Dr Doug Hing. Under the WPB will sit a number of functional work-streams including work-streams for community facility (COF) design and service design and commissioning. All the work-streams will be co-ordinated and overseen by a Programme Director (PD) (Sue Howson) supported by a PMO office which will be suitably resourced (dedicated programme manager , communications officer, and admin support). The PD will report to the MCCG SRO. Both the MCCG and the LBM will follow their respective sign-off processes for key decisions.

### 3.3. **Next steps:**

3.3.1 Agree WPB membership, finalise the governance and Terms of Reference.

3.3.2 Organise a community walk for the WPB and community members in and around the Wilson catchment area of the WHWC on 30/03/2017 (instead of programme board).

3.3.3 Develop the key programme documents into a final set. These documents include a programme brief and detailed delivery plan with milestones that will help to steer the work and develop the narrative/ business case.

3.3.4 Convene the work-streams under the Wilson Programme Board and coordinate the work between them.

- 3.3.5 Develop a clear communications plan with consistent messaging to members of public.
- 3.3.6 Develop the fundraising plan and mechanism for the COF and recruit a professional fundraiser using OPE funding. The voluntary sector will be supported to create one or more models of social and/or commercial investment that develop and sustain community and voluntary sector activities and enterprise. The model is likely to be a hybrid of public sector ownership and charity/community interest companies that allows a range of approaches. This is envisaged as a two phased approach, first is securing capital funding through fund-raising including donations from individuals and philanthropic organisations. The second phase is to generate revenue through social investment models.
- 3.3.7 Develop the community mobilisation component concurrently, linked with continued HWB involvement. This will form part of the follow-on actions from the community conversations piece. A community reference group will be set-up once the work stream on community facility design is organised. This reference group is envisaged to be a wide stakeholder group that will mostly operate virtually but can convene in person at key decision points. This group will be critical to amplify the mobilisation of communities in East Merton, and create and sustain a movement. Members of the HWB will be closely aligned to this group or be a part of it.
- 3.3.8 OPE mapping and recommendations to inform the development of the WHWC on an on-going basis. It is anticipated that the OPE feasibility study will present opportunities for the Wilson re-development to optimise the utilisation of public sector assets to deliver a sustainable financial position but even more importantly, as a vehicle for integrating and transforming services.

## **4 ALTERNATIVE OPTIONS**

- 4.1. Not applicable.

## **5 CONSULTATION UNDERTAKEN OR PROPOSED**

- 5.1. Community conversations were undertaken in 2016 in August and September.
- 5.2. Workshops have been undertaken with commissioners, providers and clinicians.
- 5.3. In order to develop the model and the functions and services in the new campus, there will be reference groups aligned with the community facility design and the clinical design work streams. These will have stakeholders from community groups, voluntary and statutory sectors.

- 5.4. Further consultations will be undertaken as necessary for specific service areas.

## 6 TIMETABLE

The programme is progressing in line with following provisional timeline:

Task	Timeline
Develop the Programme Brief fully to include the benefits realisation piece	March-April 2017
Boost capacity for Project Support and Fund Raising from OPE funding	March-April 2017
Develop a communications plan and a marketing plan	April 2017
Develop the financial model for the Community Campus and start fund raising for capital costs	July 2017
Work up of community campus building plans and financial case	July 2017
Financial close (sign off on plans) and start on site	March 2018
Building work finished (TBC)	December 2019
Building operational (doors open to public) (TBC)	June 2020

## 7 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

- 7.1. The clinical facility will be funded through NHS Properties and CHP, with Merton CCG as the lead organisation.
- 7.2. The community facility will be funded through different approaches and channels. Please see section 3.3.6.

## 8 LEGAL AND STATUTORY IMPLICATIONS

- 8.1. To be determined.

## 9 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

- 9.1. This programme is being created to address the specific needs and challenges in East Merton, taking into account the inequalities and access issues that exist in that part of Merton.

- 9.2. East Merton has a diverse, more deprived, younger and mobile population compared with West Merton. It has relatively poorer health and social care outcomes and more unwarranted variation.
- 9.3. The Campus design is meant to better integrate health and wellbeing components and contribute to the physical, mental, emotional and spiritual health of all Merton residents, and strengthen communities.
- 9.4. There will be specific emphasis to ensure that the design, approaches and services are sensitive and reactive to the needs of specific groups such as those from BAME communities, children and young people, older adults, people with mental ill-health &/or substance misuse issues, people with disabilities, people with special needs and people who feel otherwise disengaged from services.
- 9.5. The campus will be co-produced, co-owned and co-delivered with the East Merton community, and we hope to improve health outcomes and quality of life, decrease health and social inequalities, enhance the local economy, and create opportunities for training, volunteering, enterprise and employment.

## **10 CRIME AND DISORDER IMPLICATIONS**

- 10.1. None.

## **11 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS**

- 11.1. This will be included as part of the overall project plan and business case.

## **12 APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT**

Appendix A. Proposed draft governance structure

Appendix B: Community Conversations Report

Appendix C. List of uncommon abbreviations used in the report

## **13 BACKGROUND PAPERS**

Last update report to the HWB Seminar on 24.01.17

# Appendix 1: Proposed Governance for the Wilson Health and Wellbeing Campus



